



YES Program Stakeholder Engagement

April 19, 2023

YES Program Team, Division of Medicaid



- Youth Empowerment Services (YES) System of Care
 - Idaho's children's mental health system of care for youth under 18 with Serious Emotional Disturbance (SED)
 - Partnerships between families, youth, providers, and public agencies (IDHW, SDE, IDJC)
 - Stemmed from the Jeff D. lawsuit and resulting Settlement Agreement
- Medicaid's YES Program – 1915(i) SPA
 - Made possible through a 1915(i) State Plan Amendment approved by CMS
 - Program for members under 18 with SED
 - Includes all Medicaid behavioral health services as a benefit
 - Adds a 1915(i) service (respite) as a benefit
 - Increases Medicaid income limits for these youth to up to 300% of the federal poverty guidelines (FPG)



- To enroll in the YES Program, a youth must have an independent assessment with Liberty Healthcare to determine if the youth has an SED.
- The independent assessment includes:
 - Child and Adolescent Needs and Strengths (CANS) functional assessment
 - Comprehensive Diagnostic Assessment (CDA) to identify a behavioral health diagnosis
- If an SED is identified, family can apply for Medicaid to be enrolled in the YES Program. If they are already Medicaid eligible, their eligibility will be updated.



- Youth currently Medicaid-enrolled:

Question: Does the youth or family need 1915(i) services (respite)?

Answer: NO – No action required. All other Medicaid behavioral health services are already a benefit for this youth.

Answer: YES – Complete an independent assessment with Liberty Healthcare.

- Youth not currently Medicaid eligible:

Question: Does the child need Behavioral Health Services?

Answer: NO – No Action required if not behavioral health services are needed.

Answer: YES – Complete an independent assessment with Liberty Healthcare.



- Federal (CMS) requirements for the 1915(i) are:
 1. Independent Assessment
 - Complete an initial independent assessment
 - Complete an annual independent assessment within 364 days of the previous
 2. Complete a person-centered service plan (PCSP) within 90 days of being enrolled in the program
 - The plan must include a 1915(i) service (respite)
 - Complete an annual update to the PCSP within 364 days of the previous
 3. Utilize a 1915(i) service (respite) at least one time annually
- YES Program members who do not complete these requirements will not be able to remain eligible for the program.
- They may still be eligible for other Medicaid programs or be able to gain assistance with behavioral health services through the Division of Behavioral Health.



Person-centered planning is a process, directed by the family or the individual, intended to identify the strengths, capacities, preferences, needs and desired outcomes of the individual. The family or individual directs the family or person-centered planning process.

- YES Program members with eligibility through the 1915(i) are required to have a PCSP that complies with federal rules (42 CFR 441.725)
- Who creates a PCSP?
 - A Targeted Care Coordinator (TCC) within the IBHP provider network
 - A Children's Developmental Disability (DD) Program case manager
 - A Wraparound Intensive Services (WInS) Coordinator
 - A CMH clinician for youth with a 20-511a court order



- CMS's requirements for this program have been in place since the program started in 2018.
- Implementation of the tracking process for these requirements was still being developed when the federal Public Health Emergency (PHE) started in 2020
- The PHE put in place Medicaid Protection
- Medicaid Protection is ending April 1, 2023 due to the Omnibus Spending Bill passed by Congress in December 2022
- 1915(i) YES Program members should expect to receive their re-evaluation letters in July 2023. Re-evaluation will take income (up to 300% FPG) and age (under 18) into account
- Timeline for enforcing program requirements is still being determined



- What is it? Monthly premiums & co-pays for some services
- Providers are allowed to charge a co-pay for some Medicaid members
- Premiums are required for some YES Program members
- Implementation of the premium process was still being developed when the federal PHE started in 2020. The PHE halted implementation of premiums for this population.
- The federal PHE is ending May 11, 2023, but premiums will not start until after redeterminations have been done for the population.



- Premiums will be assessed for families of youth on the YES Program whose income is between 185 and 300% of the Federal Poverty Guidelines (FPG)
- If the youth is also enrolled in other programs with premiums (Katie Beckett or CHIP), then they will not be assessed a YES Program premium
- The premium will be \$15 per member per month
- Premiums cannot be more than 5% of a family's income
- Hardship waivers are available if a family is unable to pay the premium
- Because they won't start until after eligibility redeterminations are done, the earliest this could begin is September of 2023, but timelines are still being defined.



- Co-Payments are set at \$3.65 per visit
- Co-Payments may be charged to a member by a provider for the following outpatient services:
 - Ambulance or hospital Emergency Department services for non-emergency medical conditions
 - Chiropractic services
 - Occupational therapy, physical therapy, or speech therapy services
 - Optometric services
 - Outpatient hospital services
 - Podiatry services
 - Physician office visits unless for preventive services, wellness exams, immunizations, or family planning



- Stakeholder Engagement Slides for each month
- Flyers
 - [Next Steps After Independent Assessment](#)
 - [Maintaining Eligibility for Medicaid's YES Program](#)
 - [Cost Sharing Flyer](#)
- 1915(i) FAQs – *finalized and posting*
- [Information Release MA23-04 YES Program Participant Eligibility Requirements](#) – *finalized and posting*
- [YES.Idaho.gov](https://www.yes.idaho.gov)



Upcoming meetings posted on townhall.idaho.gov

Medicaid's YES Program Team

208-364-1910 or YESProgram@dhw.idaho.gov

YES System of Care Inquiries or Complaints

YES@dhw.idaho.gov

Independent Assessments (Liberty) – 877-305-3469

Idaho Behavioral Health Plan (Optum) – 855-202-0973